In the Forefront

Mission Neighborhood Health Center, San Francisco

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IN LATE 1966 the San Francisco Medical Society learned that a neighborhood health center was being considered for one of the city's "poverty pockets." Under the 1966 amendment to the Economic Opportunity Act of 1964, the Office of Economic Opportunity (OEO) was authorized to consider for funding, proposals that would provide assistance for development and implementation of comprehensive health center services for the poor. In other areas of the United States these centers had as their delegate agency either a medical school, a public health department or a major teaching hospital (Columbia Point project—Tufts Medical School; Denver project—Denver Department of Public Health; Lower East Side Manhattan project—Beth Israel Hospital; Watts project—USC School of Medicine; Morrisania Health District, The Bronx project—Montefiore Hospital; Miles Square, Chicago, project—Presbyterian St. Luke's Hospital; North Lawndale, Chicago project—Mount Sinai Hospital).

In some of these communities there was open controversy between the local medical societies and the delegate agencies. Medical society interest was too late and too little. To avoid these problems, the San Francisco Medical Society's board of directors authorized exploratory meetings with the local Economic Opportunity Council (EOC), the San Francisco Dental Society, the San Francisco Public Health Department and the University of California School of Medicine.

From many discussions there evolved a delegate agency known as CHAP (Citizens Health Affairs Program). The CHAP board has five directors appointed by the San Francisco Medical Society, four by the San Francisco Public Health Department (of whom three are also members of the society), a San Francisco Dental Society representative, and five appointed by the neighborhood EOC board from among citizens of the area.

Problems lie in three general areas: (1) working along with government "bureaucracy"; (2) keeping the doctors practicing in the area happy and not feeling the center will ruin their practices; (3) convincing the people of the area that the center belongs to them, is to help them, and is not another form of dole or an attempt to find people for "experiments."

The OEO representatives have been most cooperative. Many meetings were held, both in Washington and San Francisco, and there were innumerable phone calls. These centers are new, with different problems in each area—but problems that can be solved if each side gives a little. One difficulty was that deadlines constantly were being set. It was sometimes practical to ignore them. Another problem has been change of personnel at the Washington level. I can say, however, that cooperation has always been excellent.

As to keeping doctors happy, meetings were held with all who practiced in the area to be served. They nominated doctors from their group for a Medical Advisory Board, which has also representatives from the University of California Schools of Medicine, and professions of pharmacy, dentistry, and nursing. This board advises the project director on all professional appointments and policies. By law, Medi-Cal and Medicare patients are entitled to come to the center if they fall under the poverty index ceiling, but they are discouraged from doing this.

The area people have five representatives on the CHAP board and, even more important, have a Neighborhood Health Council of 21 members who are appointed by the Mission area EOC chairman from among the people of the area, primarily recipients of care. The council is concerned with policy, center hours, grievances and all non-profes-

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sional appointments. All has not been serene, but grievances have been settled and a feeling of trust has developed between the area people and the medical representatives.

The EOC board selected the Mission area of San Francisco as the target area. This area has 120,000 residents, of whom approximately 30,000 will be eligible for the center. They are for the most part Mexican, Central American and South American. About 20 percent are Negroes who live in one area of Potrero Hill. There are many children, many Spanish-speaking immigrants, and a surprisingly large group of American Indians. There are two low-cost housing projects in the area served.

The center is housed in a building at 240 Shotwell Street, which has been rented with the possibility of purchase under FHA financing. Extensive remodeling is now being undertaken, and it is hoped the facility will be open in November of this year. In the meantime, interim facilities have been opened in the parking lot of the building, with four large trailers arranged in box formation, and a central reception area. The trailers are approximately 10 x 50 feet. One has complete dental facilities, another medical facilities, and two are for administration offices and supplies. The trailers are fixed installations, being connected to the city sewerage system and electricity and telephone services. Each has a bathroom and a waiting area.

Hours for the center were decided by the people themselves as represented by the Neighborhood Health Council, and by the CHAP board. All the workers are paid; this is not a volunteer organization and one of the main functions of the center will be to provide jobs for people in the area. Mission area residents are being trained as neighborhood health workers. They will become acquainted with people in the area, encourage them to come to the center and assist them in finding babysitters and obtaining transportation. They are to involve themselves with the families and offer whatever assistance is necessary, not just assistance having to do with medical care.

The doors of the center will always be open, although routine hours are from 8 a.m. to 10 p.m. five days a week, with a half day on Saturday. The center is concentrating on the team concept. Teams will be set up to provide a full range of care, with a primary physician aided by physician specialists to provide pediatric, obstetrical, surgical and other specialty services as needed. A full range of psychiatric services will be available. Included on each team will be a dentist, a public health nurse, a registered nurse, a licensed vocational nurse, a receptionist, a social worker and neighborhood health aides. As far as possible, patients will see the same team at each visit. However, all families will have, as far as practicable, free choice of the team by which they wish to be served. Ten such teams are planned. The primary physician will have responsibility for coordination of effort.

When a patient is entitled to private hospital care by reason of adequate insurance or government funds, any of the major accredited hospitals of San Francisco may be utilized. There is no single back-up hospital. The center physician will arrange hospital care according to his own wishes, the medical problems, the patient's wishes, and bed availability. The physician will also arrange for appropriate consultation either from a physician chosen by the patient or from a panel of physicians on the hospital staff. The patient who does not have hospitalization insurance will be referred according to the availability of facilities in San Francisco General Hospital or in the clinics of the other hospitals that have agreed to take a number of these patients. It will be the responsibility of the center physician to follow the patient while in the hospital and insure continuity of care in all cases.

The San Francisco Medical Society has stressed to the people of the area that the physicians are in this for only one reason, to provide better health care for the people in the area. None of the physician members of the CHAP board or the Medical Advisory Board is salaried.

Many people of the area have excellent ideas, their thoughts are stimulating, they keep us from getting into a rut, and make us explain our position every step of the way. The result has been a far greater understanding by the physicians of the problems of the poor. We believe, too, that the people in the area have obtained a greater understanding of medical problems and problems of the physicians themselves. From a public relations standpoint, I feel this has been helpful to medicine.

Since the original announcement of the center, there have been inquiries from medical societies all over the country. Our society may have been the first to become completely involved in a neighborhood health center, but it is far from being the last. It is a long way to completion of the job, but it has been gratifying to see the gradual development of a functioning neighborhood health center.